EXHIBIT 83 (Part 2)

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Goldline Laboratories

1900 WEST COMMERCIAL BLVD. • FT. LAUDERDALE, FL. 33309-3085

DIRECT ALL INQUIRIES: BROWARD COUNTY 491-4002 OTHER AREAS (800) 327-4114 CUSTOMER NUMBER STATEMENT DATE
00886031 7/31/94

				*PAS	ST DUE
DATE	DUE	TRANS REFERENCE	CURRENT	1 - 30 DAYS	OVER 30 DAYS
/10/94	6/20/94	UCC 3681			338.33-
/11/94	8/10/94	INV80008532	197.86		71.7
/20/94	8/19/94	INV65023762	174-20		

At 33.73.

AREVIOUS MALANCE	NEW PURCHASES	PAYMENTS	OTHER ADJUSTMENTS	ACCOUNT BALANCE
338.33-	372.06			33.73

^{*}LATE PAYMENT CHARGE: 1976 per month (or the measurem permitted by Lw 1 kind) and diamounts threewor 30 days; plus all roots of collection measurement costs and reasonable attentions in the

"SEE REVERSE SIDE FOR TRANSACTION EXPLANATION

KENNEYS 29 PALMS DRUG STORE 73501 29 PALMS HIGHWAY

TWENTYNINE PALMS

CA 92277

ORIGINAL INVESS! 1:01-cv-12257-PBS Document 6642-4 Filed 11/03/09 Page 3 of 41 SHIPPER 1 A#-" RM0189628 MAJOR CAL 619/693-8830 751850 TTS 800/642-1232 PKG. ID# 8330 ARJONS DRIVE **NF ** CA 9212d SAN DIEGO LS SANDIEGO PAGE me did not use this generic my a CA 92126 KENNEY'S DRUG 73501 29 PALMS HWY TWENTY NINE PALMS CA 9227 CA 92277 10005706

SALESPERSON	DEA NO.	CUSTOMER P.O. NO.	DEA FORM 222 NO.	INVOICE DATE	67-3434 9	CUSTOME		
730/740	AK9632957	COSTOMER P.O. NO.	DEA FORM 222 NO.	7/28/94	Į	COSTOME		5706
	DESCRIPT	ION / COMPARE TO		ITEM NO.	NDC		UNIT PRICE	TOTAL
ANNL"		*****	**					
VALPRO	IC ACID 250		NE 250MG	483503	00904776	.ლგი	10.95*	:
NADOLO	L 40MG TABS			488478	00904-781	7-60	62.50%	
4	L 20MG TARS			488460	00904-781	6-60	53.50×	,
	NAPSYL 100				00904770	2-40	19.95×	. N. 11
		DAKAOCI	ET-N 100	C4	INVOICE T	OTAL		1.8
- * - MAJORS	* - * - * ·	- * - * - * · FECTIVE PROM/	- * - * - × DTION.	* *	* *			
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			dige	** · *	··· * ·· *.			

ACCOUNTS 30 DAYS PAST DUE, AND IS AN A P.R. OF 18%. CUSTOMER ACKNOWLEDGES LABILITY AND AGREES TO PAY COLLECTION COSTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THIS INVOICE BE PLACED FOR COLLECTION DUE TO IN INVINITION DAYS OF RECEIPT IN MANAGED AT CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THIS INVOICE BE PLACED FOR COLLECTION DUE TO IN INVINITION DAYS OF RECEIPT IN INVINITION DAYS OF RECEIPT IN INVINITION OF THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THIS INVOICE BE PLACED FOR COLLECTION DUE TO IN INVINITION OF THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THIS INVOICE BE PLACED FOR COLLECTION DUE TO IN INVINITION OF THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THIS INVOICE BE PLACED FOR COLLECTION DUE TO IN INVINITION OF THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THIS INVOICE BE PLACED FOR COLLECTION DUE TO INVINITION OF THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THE INVOICE DATE CLAMAS FOR DAMAGE OR MISSING ACCOUNTS AND ALL REASONABLE ATTORNEYS FEES SHOULD THE ACCOUNTS A

STATEMENT



MAJOR ULTRE , INC. ARJUNS DRIVE SAN DIEGO £19-693-6080 LOCAL 600-642-1232 WATTS

WE APPRECIATE YOUR RUSINESS DATE CUSTOMER 1000-5706 *华州东东东 8/25/94

KENNEY'S DRUG -DATE DUE--73501 29 PALMS HWY 9/10/94 CA 92277 AMOUNT TWENTY NINE PALMS INVOICE NUMBER / DESCRIPTION 189.75 10005706 7/28/94 751853 TOTAL 188.75 1 30 DAYS PAST DUE Net 10, E.O.M. A service charge of 11/2% per month 196.75

(18% APR) will be added to all past due accounts.

IN A HOLD OF FUTURE SHIPMENTS.

A PAST DUE BALANCE OVER 60 DAYS WILL RESULT

31-60 DAYS PAST DUE OVER 60 DAYS PASE QUE

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Invoice PHONE: (714) 772-DEA: PF0000012 #3936 92803 DEA: AK9632957 92277 7/01/94 ITEM DESCRIPTION

ACCT MGR: 015 BILLING DATE: 7/01/94 BATCH: 007 P.O. NUMBER 000007019400 020917 210161 601 126 CUSTOMEP | TCN | | CUSTOMER

NARCHTIC

D CODE EXTENSE

PAGE 1 64 EA CYLERT TAB 37.5MG 0*EA CYLERT TAB 75MG	100 100	109.60 189.25	90.31 155.94	17.6 17.6	ł	0	90.31
REAL THREE TURER CAN NOT S REAL TREE TABLES TO THE PROPERTY PROPE	100 100	66.83 76.22	57436 65.43	14.2 14.2	1	D	114.72 130.86
TO EA HALCTON TAB 0.25MG UU	10	6.85	5.64	17.7	1	D	56.40

392.29

NET PAYABLE BY STHT DUE DATE 392.29 GROSS PAYABLE AFTER STAT DUE DATE

ALAPONT ADDRESS CLAROS BUST DE MADE WITHIN

THE DAY OF BUILDING SERVING PART OF REPORT

THE PROPERTY OF STREET, DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE PROPERT

NET PAYABLE BY STMT DUE DATE

GROSS PAYABLE AFTER STMT DUE DATE

THIS INVENCE IS PAYABLE TO MCKESSON DRUG CO.
AT ABOVE ADDRESS, CLAIMS MUST BE HADE WITSEL D ARRICAGE ARE PROPERTY OF ASCRIBER, DESCRIPTO, DESCRIPTO BLE RÉGULATIONS OF THE PERMITMENT OF TRANSPORTABULE Invoice ACCT HGR: 3936 #147 92803 BATCH: 007 F 92277 P.D. NUMBER 000007019400 DEA: AX9632957 020917 210160 601 126 CUSTOMER TCN ROUTE 7/01/94 IDVOIDE TO 0011111182 ORD UN CODE PAGE 1
EA HUMULIN N NPH INSUL U100
EA HUMULIN 70/30 SDV 9.50Z 5.26 4.066 .2.63 35.2

HHD019-0412

4334.58

M·**Kesson** Statement MCKESSON DRUG COMPANY P O BOX 841043 DALLAS TX 75284-1043

AS OF: 07/15/94 PAGE:

D.C. #: 8147

KENNYS DRUG VALU-RITE 73501 29 PALMS HWY 29 PALMS CA

TA 92277

TERRITORY #: 0015

CUSTOMER #: 8147020917

DATE: 07/16/94

DATE NUMBE	CE ORDER R REFERENCE	DESCRIPTION		DISCOUNT	AMOUNT (GROSS)
03/14/94 20670 05/04/94 108550 05/12/94 103141 05/12/94 111111111111111111111111111111111111	24 000000000000000000000000000000000000	EMOSTCP147 R EMOSTCP147 EMOSTCP147 EMOSTCP147 EMOSTCP147 EMOSTCP147 EMOSTCP147 EMOSTCP147 EMOSTCP147 EMOSTCP147	FUTURE DUE FUTURE DUE FUTURE DUE FUTURE DUE	08/10/99 96/99 96/99 1/25/99 1/25/99 14 1/25/99 14 14 14 14 13/39 14 14 14 13/39 14 14 14 14 14 14 14 14 14 14 14 14 14	93-6-2-4-3-3-4-3-3-4-3-3-4-3-3-3-3-3-3-3-3-3
07/05/944 006699668 006699668 006699668 006699668 006699668 006699668 006699668 006699668 00669968 0069968 0069968 0069968 0069968 0069968 00770669968 00770669968 00770669968 007706994 007706994 007708	451 466 000000770194402 000000770194402 0000000770194402 0000000770199400 00000007705982020 000000077059820119400 000000007706994000 00000007706994000 00000007706994000 000000077079400 000000077079400 000000077079400 000000077079400	EMOSTOPIAT R	A A A A A A A A A A A A A A A A A A A	579712 579712 725777071883222 1246 124 124 124 124	504.79805.5997.484029465.809.8 5135.555.792.9.4870.29465.809.8 51.239.605.991.648.343.641.066 52.331.238.835.804.1066 52.331.238.835.804.1066 52.331.238.835.804.1066

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M-Kesson Statement MCKESSON DRUG COMPANY P O BOX 941043 DALLAS TX 75284-1043

AS OF: 07/15/94 PAGE:

D.C. #: 83,47

KENNYS DRUG VALUERITE 73501 29 PALMS HWY 29 PALMS CA 9327

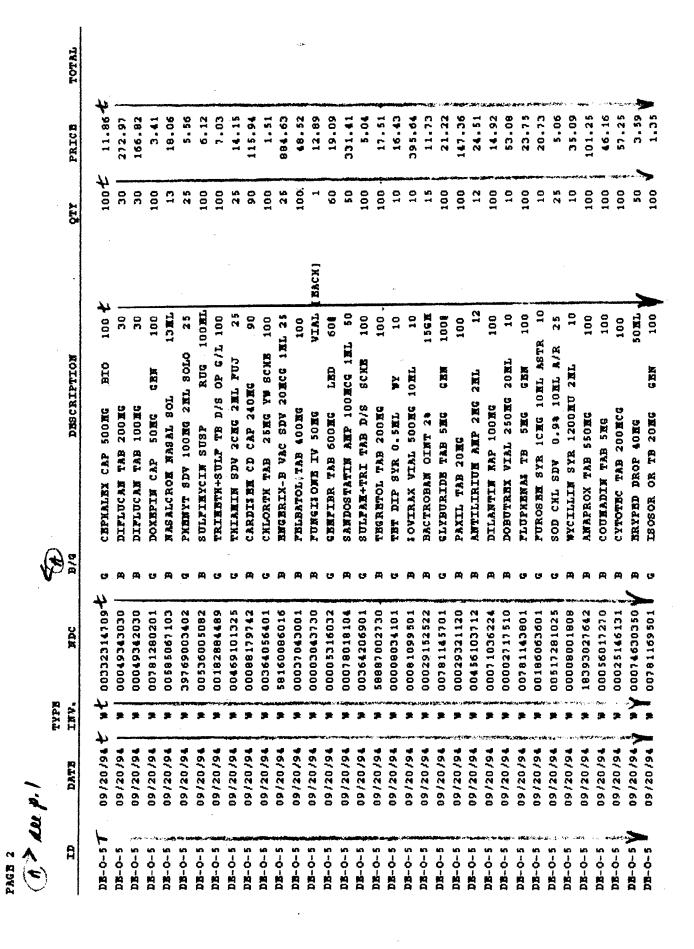
- TERRITORY #: 0015

CUSTOMER #: 8147020917

DATE: 07/16/94

DATE	INVUICE NUMPER	RECERENCE	DESCRIPTION		DISCOUNT	AMOUNT (GROSS)
07/11/94 11/	7325222333333444444444675 732799999999999999999999999999999999999	0000007129401 0000007129401 0000007129401 0000007129401 0000007129401 0000007129401 0000007129401 0000007129401 0000007129401 0000007129401 0000007129401	RORRED RORRED ROSTCOP147 ROSTCOP147 RORRED ROSTCOP147 RORRED ROSTCOP147	FUTURE DUE	33.976 3.976 3.976 3.976 20.14 11/28.93 15.494 15.494 15.494 15.494 16.4	75-6847-25-6889-989-5-7-00-4-00-9-1 0-20-87-2-61-35-29-4-9-00-9-1 0-20-87-3-6-4-1-5-4-9-00-9-1 0-3-6-4-8-2-0-5-1-4-2-3-4-1-8-2-3-4-1-8-1-8-1-8-1-8-1-8-1-8-1-8-1-8-1-8-1
FUTURE D		6,38P.73	SUBJUTALS	07/25/94	399•64	25,984.29
PAST DUE			TE PAID BY		•	19,195.92
LAST PAY	94	17,839.80	IF PAID AFTE PAY THIS AMO	ER 37/25/94		19,595.56

09/20/944 10 001020314460 # B DEPOT ANID PULV 150 HG 60 # 6 6.77 # 6 000	### DEPOT NATE INTO PREME SONG/SONE 248	### B DEPOT AXID PULV 150EG 60 # 60 # 6.77 # 6.77 # 6	09/20/94 % 00002314460 ¢ 3 INNTRC IM3 PRRIO SORG/SOLL 248 ¢ 60 ¢ 60.70 ¢ 6.77 ¢ 60/20/94 % 00002314460 ¢ 3 INNTRC IM3 PRRIO SORG/SOLL 248 ¢ 60/20/94 % 000024440005 3 CIPRO I.V. 364 4000E 60 ¢ 60 ¢ 60.70 ¢ 60/20/94 % 000024440005 3 CIPRO I.V. 364 4000E 60/20/94 % 000042440005 3 CIPRO I.V. 364 4000E 60/20/94 % 00004453912 6 DEFUNDEND VIRTURE STR. 100 100 100 11/73 1	Ħ	DATE	III.	a MDC	B/6	DESCRIPTION	QTI	PRICE	TOTAL
09/20/94 % 00022685450 B CIPRO I.V. BAG 400MG 200ML 24 606.60	CIPRO I.V. BAC 400EG 60	CIPRO I.V. BAC 4000G 60	CIPRO I.V. BAC 400EG 200EL. 24 60.77	DB-0-57	09122194#		\$ 00173044100 \$	i	}	4 2	2.50 #	94.50
09/20/94 W 00002685563 B CIPRO I.V. BAG 4000M 200MI. 24 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	B CIPRO LINE SECRETARIAN	CIPRO I.V. BAC 4000E 200 ML 24	CIPRO I.V. BAC 400000 200 ML 24		09/20/94	•	C 00002316460 £	μ,		4		
09/20/94 W 00049343726 B DIFLUCAR DN IV BG CREG/100EL'6 6 599 09/20/94 W 00049343726 B DIFLUCAR DN IV BG CREG/100EL'6 6 599 09/20/94 W 000166126513 G DROCPRAID SUVE SET ASTR 10 10 10 09/20/94 W 00062155202 B FROYERID SUVE SET ASTR 10 10 10 09/20/94 W 00062155202 B FROYERID SUVE SET ASTR 10 10 10 09/20/94 W 0006035602 B FROYERID SUVE SET ASTR 10 10 10 09/20/94 W 000603505 B FROYERID SUVE SET ASTR 10 10 10 09/20/94 W 000603505 B FROYERID SUVE SET ASTR 10 10 10 09/20/94 W 000603505 B FROYERID SUVE SET ASTR 10 10 10 09/20/94 W 00061321025 G GENTARIC VE BORG 21 16/6 25 09/20/94 W 00061321025 G GENTARIC VE BORG 21 16/6 25 09/20/94 W 0006132926 G GENTARIC VE BORG 21 16/6 25 09/20/94 W 0006132920 B FROYERIN TAB SORG 60 100 09/20/94 W 00061309360 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0000530920 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0000530920 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB TAB SORG 60 100 09/20/94 W 0007309340 B DROCP TRAIN TAB	DITLUCAN DAY SOURCE ALLEGATER B DITLUCAN DAY LY BAG ACING ACING. G DESCRIPTION SHE SET ASTR 10 B REYTHROCITY WILL SOURCE G DESCRIPTION SHE SET ASTR 10 G DESCRIPTION SHE SET ASTR 10 G DESCRIPTION SHE SET ASTR 10 G DESCRIPTION SHE SOURCE 100 ML G DESCRIPTION SHE SOURCE 200 ML G DESCRIPTION SHE SOURCE 200 ML G DESCRIPTION SHE SOURCE 200 ML G SOD CHL SHY 0.99 10 ML A.R. 25 G GENTARIC VL SOURCE 2ML A.R. 26 G GENTARIC VL SOURCE 2ML A.R. 26 G GENTARIC VL SOURCE 2ML A.R. 26 G GENTARIC TAB 150 MC U/D ABB 100 B DEPOCT PROCE AC PULVULA 20 MC 100 G POT CHL TAB 150 MC U/D ABB 100 G LIPPIND TAB 10 MC MYLN 500 MC 100 G ARIMBROW TAB 200 MC MC 100 G LIPPIND TAB 10 MC MYLN 500 MC 100 G LIPPIND TAB 10 MC MYLN 500 MC 100 G LIPPIND TAB 10 MC MYLN 500 MC 100 G LIPPIND TAB 10 MC MYLN 300 MC 100 G LIPPIND THANLER METER SPR 112 G RECARDIA ALL BAR TAB 20 MC 60 G SULFINYCH SUSP RUG 200 ML B AREACORT INVALER SUSP RUG 200 ML G ATEMOL TAB 50 MC 100 G ATEMOL TAB 100 MC 100 G ATEMOL TAB	DECOUNTS SOL FLAVORED 4-LITER 4	DILYGORY BOLDER LITTER B COLYTE SOL TLAVORED 4-LITTER B DILYCHEAN DN IV BG 2CEGF 100 DIL G DROPENID SUW SEG 2EL ASTR 10 G DROPENID SUW SEG 2EL ASTR 10 G DROPENID SUW SEG 2EL ACT 100 DIL G DRYTH STR SORL S-C INS 25 B MORRODYNE HUW 100 DC 20 DL 100 G DRYTH STR SORL S-C INS 25 G DRYTH STR SORL S-C INS 26 B DRYTH STR SORL S-C IND 100 G DRYTH STR STR STR S-C IND 100 G GLIPTIE IN STR S-C IND 100 G GLIPTIE IN STR S-C IND 100 G ANTHROW S-C IND 100 G GLIPTIE IN STR S-C IND 100 G ANTHROW S-C IND 100 G GLIPTIE IN STR S-C IND 100 G GLIPTIE IN STR S-C IND 100 G ANTHROW S-C IND 100 G ON 100 G O		1000000000	5				1 00	7	
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09/20/94 N 000146522613 G NEVTHROUTH VIAL SOURC 10 10 10 10 10 10 10 10 10 10 10 10 10	B. DITLUCKAR DN IV BG 2CRG/100RL'6 0 0 0 0 0 0 0 0 0	DEPTENCE AND DEPTED AND AND AND AND AND AND AND AND AND AN	DEPCHASE SEN IN BAY 2 CERG/100 MLV 6 10 10 10 10 10 10 10		****	t :	000000000000000000000000000000000000000	Q (HELTT-S OF THE STATE OF THE STA	•	# n . n	
09/20/94 N 001046122613 G DROTHRID SDV SWC ZML ASTR 10 10 10 10 10 10 10 10 10 10 10 10 10	C	B DROPHRID SUV SEG ZELL ASTR 10 10	C	9	09/20/94	*	00049343726	PA	DIFLUCAN DA IV BQ 2CRG/100ML'6	' O	394.29	
09/20/94 W 00004505502 B PRYPHROCIN VIAL SOUNG 100 100 100 100 100 100 100 100 100 10	B BRYTHROCIN VIAL SOURC 100 100	B RRYTHROCIN VIAL 500RG 100 100	B RRTHROCIM VIAL SOURC	- C C C C C C C C	09/20/94	*	00186122613	Œ	ASTR	10	4.75	
09/20/94 N 00062185202 B FLOXIN IV BAC 400MC 100ML 100 100 100 100 100 100 100 100 100 10	B FLOXIK IV BAG 400MG 100ML 100 10	B FLOXIM IV BAC 400MC 100ML 100	B FLOXIM IV BAC 400MC 100ML 100	N-0-5	09/20/94	32	00074636502	А		10	11.73	
09/20/94 W 0054820100 G DENTR STR SORIL S-C INS 25 25 20 20 20/20/94 W 0054820100 G DENTR STR SORIL S-C INS 25 25 20 2 20 20/20/94 W 000580326207 B FOR WORD FOR 250ME 20ME 20ME 20 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	G IBUPROF TB 400MG OP UDL 100 G DEXTR SYR SORL S-C IMB 25 B MORMODYNE EDY 100MG 20ML G SOD CHL SDY 0.94 10ML A/R 25 G CENTARIC VL BORG 2ML B/S 25 G CENCIN PROS IV 900MG 50ML 24 G DEPOT BLANIM TAB 500MG 60 G CLEOCIN PROS IV 900MG 50ML 24 G RRYTK BT 0/S 200MG LED 150ML4 G DEPOT CHL TAB 750MG U/D ABB 100 B RATHATOR TAB 200MG 30 G CLIPISIDE TAB 10MG EYLM 500M G GLIPISIDE TAB 10MG EYLM 500M B RESCARDIA XL R/R TAB 30MG 100 B SULFALL INVALER RETER SPR 112 G PROCAIN CAP 500MG 8CMB 100 B SULFINGLIN SUBP RUG 60 B SULFINGLIN SUBP RUG 100 B SULFINGLIN SUBP RUG 100 CARDIERE SR CAP 60MG 100	G IBUPROF TB 400MG OP UDL 100 G DEXTR STR 50ML S-C IMB 25 B MORMODYNE MDV 100MC 20ML G SDD CHL SDV 0.94 10ML A/R 25 G CEMTARIC VL 80MG 2ML B/S 26 B DEPOT BLANIM TAB 50MMG 60 G POT CHL TAB 750MG 100 G POT CHL TAB 750MG 100 G POT CHL TAB 750MG 100 B DEPOT PROGE PUDL 100 G POT CHL TAB 750MG 100 G LEDTINDE TAB 10MG EXLM 5008 G AKIMETOF TAB 20MG G CLIPTINDE TAB 10MG EXLM 5008 G CLIPTINDE TAB 20MG 60 G CLIPTINDE TAB 20MG 60 G CLIPTINDE TAB 20MG 8CMB 100 G CLIPTINDE TAB 10MG EXLM 5008 G CLIPTINDE TAB 20MG 60 G CLIPTINDE TAB 20MG 60 G CLIPTINDE TAB 30MG 100 G CLIPTINDE TAB 3	C		09/20/94	*	00062155202	Д		100	509.54	
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DE 19805

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1-800-334-2032

SHIP TO: 161799

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501 WEST 14TH STREET

WILHINGTON

00 19001

PLEASE USE ACCOUNT PURCHASE ORDER NO. INVOICE DATE TERMS 09/22/94 24 WP 1060670 30 DAYS NET 31 PRODUCT DESCRIPTION VENTOLIN NEBULES ARE NOW FULLY AVAILABLE. GLAXO PHARMACEUTICALS ZANTAC INJ PRMXD 50MG/50ML 245 0 00173-0441-00 mare a con como mente de la comercia com esta de la composició de la como de la como de la como de la como de l La como de la como como como com esta de la como de la c 18.90 DISCOUNT ALLOWED IF PAYMENT RECEIVED WITHIN TERMS FROM DATE OF INVOICE on recommon as as as according common contract of about to be about the first first first first first first fir HOTATION: EXTENSIONS TOTAL SHIPPED VIA B/L SHIPPED DATE SHIPPED BACKORDER 09/21/94 94903-01 945.00

CUSTOMER SERVICE
ANY QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO: PHONE 1-(800) 334-0032

Unauthorized sale or disposition of our products may result in a violation of the Food, Drug and Cosmetic Act.

We hereby certify that these goods were produced in compliance with applicable requirements of Sections 8, 7 and 12 of the Fair Labor. Standards. Act, as amended and of regulations and orders of the United States Department of Labor issued under Soction 14, thoroof. We hereby guarantee that no drucke listed herein is adultorated or misbranded with the meaning of the Federal Food, Drug and Cosmittic Act, or is an article which may not, under the provisions of Section 404 or 505 of the Act, be introduced into interstate Commerce.

FUNCHASE ORDER NO.	•	zi.		Company of the second	+			***		423		945.00
ANTAROES :0	BHP TO: MEDICAL CENTER OF DELAWARE	TO THE STATE OF TH	PITAL DELIVER TO ROOM NO	WILM GROUND CYSICX	#044100					#D		9
di. 9-	34-0020	~	DEPARTMENT NAME	36701 PHARM	CS ZANTAC BAGS 50m1					-10		John Shi
MISTACAL CISNITS REQUISITION/ORDER	## PICSHP PICSHP 800-334-0020		THE REPORT OF TH		ALLI HE LY 300 PECY 200 RECY IS I PECY TEM QUANTITY		A			40		CONTRIBUTE CAREER - DO NOT BURLICATE

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CARDINAL SYRACUSE, CARDINAL SYRACUSE, BILL TO: WILMINGTON Y VER2 UPCNDC ITEM QTY BOX ID: AY BOX ID: AY CO395-1031-94 S57122 AEA CA	AL SYF	RACUS					EXVIE		SION
NDC ID: AY		HINGT	A CARDINAL HEALTH HOSP PHCY 4TH STREET	COMPANY 6012	MOLLOY RO FED-10	ROAD SYRACU D 15-0344660	Ę.	NY 13221 DEANO, PC 000	1221 315-437-6 0003044
NDC ID: AY	THE	THE MED CT	CIR OF DEL	SUS	CUSTOMER NO. 385971	INVOICE NO 3370313	E NO.	INVOICE DATE	Н
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			RAL 250MG 2000	36-5	Ė			17.7	20.00
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LEGEND: C =CUNTRACT	.,	Day of the control of	or modeland restructional and the Co. S.C. 1320(a)-75.						

AND CTR OF DEL	CARDINAL SYRACUSE, BILLTO: 501 WEST 1	DINAL S BIL TO: 50	YRACUS LMINGT	SYRACUSE, A CARDINAL HEALTH COMPANY 6012 WILMINGTON HOSP PHCY 501 WEST 14TH STREET	MOLLOY FED-1	ROAD SYRACUSE, D 15-0344660 DE	E, NY 13221 DEANO.PC 000	3221 315-437-6 0003044
AMP O120-02 O242-02 O35 MYL G264-52 O365 MYL G264-52 O37-005 MYD G264-52 O41008 MYD G264-52 O41008 MYD G 66-21 O65 S 321943 LED G 66-21 O65 MYD G 66-21 O65 MYD G 66-21 O65 S 321943 LED G 66-21 O65 MYD G 66-21 O67 O487-30 G G 618-04 O487-30 G G 627-40 O487-30 G		¥ 3	E MED	101	STOMER NO. 85971	1000CE NO.	INVOICE DATE 09/20/94	TE PAG
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675-02 675-02 675-02 731-01 73		753244	BEA	STARTER KIT 4602-02	W 14			
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-37 ML 3100455		748715	SHA	TAB 30MG 1005	6 00		3. 36 95. 81+	479 03
237-61 MSD \$119.79 ML 310045\$\(\text{ML 22} \) \(\text{ML 23} \) \(\text{ML 21} \) \(\text{ML 23} \) \(\text{ML 2334.80} \) \(\text{ML 2324.80} \) \(\text{ML 2334.80} \) \(\text{ML 2324.80} \) \(\text{ML 2324.80} \) \(\text{ML 2324.80} \) \(\text{ML 2324.80} \) \(\text{ML 2334.80} \) \(\text{ML 2332.80} \) \(\text{ML 2334.80} \) \(\text{ML 2332.80} \) \(\text{ML 2324.80} \) \(ML 2	ID: JW	717.00					! !	
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S 321943 LED G 66. 21 1005		565465	6EA	RG SULFIMYCIN D/S 200ML 3100455	10		12.28	1001 73. 607
S 321943 LED 6 66. 21 1005	ID: PU	1				,		
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5 1201 FF7 \$204.60 1005		789917	BEA	200MG 305 1204 F	8334			-
1008		789925	BEA	100MG 30S 1201	4 204.		166.82	
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MG 25X2ML VL G12.51 ML 3100450		204834	1EA	NASALCROM NAS SOL 13ML 671-03	13		18.06	
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* ROUTE ^{2B} E. NY 13221 315-437-6 DEA NO. PC 0003044 INVOICE DATE PAG 09720/94	UNIT PRICE EXTENSION	16. 43 328. 60 . 395. 64 1978. 20	11. 73 140. 76 21. 22 254. 64 147. 36 736. 80	73. + 358. + 95. 10.	35.09+ 140.36 101.25 101.25 46.16 230.80 37.25 229.00	51 18. 69 378.	
*** CDPY ** DAD SYRACUS 15-0344660 INVOICE NO. 3370313	02-b	, , , , , , , , , , , , , , , , , , ,		0-		. ALL 1997 RED GOOK, I	
*** MOLLOY R	AMP	G 25. 32 B 489. 46	# 14. 16 6 50. 93 8184. 96	99999999999999999999999999999999999999	48.20.19 48.30.19 48.40.80 88.60.80	MA III	
*** CDPY *** *** CDPY A CARDINAL HEALTH COMPANY 6012 HUSP PHCY 4TH STREET R OF DEL. DE 19801	DESCRIPTION	TET/DIP/TOX ADT 0.5ML 10TBX 34101 ZOVIRAX ST POW 500MG 10X10ML 954	BACTROBAN DINT 2% 15GM 1525-22 GLYBURIDE TAB 5MG 1005 PAXIL TAB 20MG 100S 3211-20 SMB	ANTILIRIUM AMP IZXZML 60312 FO DILANTIN KAP 100MG 1005 036224 DGBUTREX SGL 250MG 105 LIL 717 FLUPHENAZN TAB 5MG 1005 143801 FURDSEMIDE 100MG SYR 10X10ML 3 SGD CHL VL. 9% (25X10M) 281025	WYCILLIN 1200HU/TUBEX 10-2CC 1808 ANAPROX DS TAB 550MG 100S 276-42 COUMADIN TAB 5MG 100S 0172-70 CYTOTEC TAB 200MCG 100S ERYPED DROP 100MG/2.5ML 50ML 6303 ISCISCIRBIDE TAB DRAL 20MG 100S GG	4LER 790-21 48,644 4LER 790-21 48,644 570-20 1005 1005 570-30 1100 1006 103411 570-30 1100 1006 570-30 1006 1006 570-30 1006 570-30 1006 570-30 1006 570-30 1006 570-30 1006 570-30 1006 570-30 1006 570-30 1006 570-30 1006	o rectigible for an indicatorative scale. The rection is the rection of Medicaid reintbranners under 42 U.S.C. 1220(a)-7b.
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Cardinal Cardinal	Y VER2 UPC/NDC	BOX ID: SB 00008-0341-01 00081-0995-01 BOX ID: SC	-1528 -1457 -3211	-103; -036; -717; -143; -063; -281;	00008-0018-08 BOX ID: WB 18393-0276-42 00056-0172-70 00025-1461-31 00074-6303-50	00089-0790-21 00206-8452-16	If the Monce (Make My describe Not prices, CADA). We note that the first on the Lighter we testing the requirement of employed to the menthem disable visce described herein, then believe law may require described herein, then believe law may require described herein, then believe law may require described herein to wour define or cost reports for Medicare or Medicard reinforcement

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CARDINAL SYRACUSE, BILL TO WILMINGTON	ARDINAL S	SYRACUE	A CARDINAL HOSP PHCY	HEALIH COMPANY 6012	MOLLOY ROAD FED-ID 15-	SYRACUS -0344660	E, NY 13221 315 DEA NO. PC 0003044	1 315-437-6 33044
	ñ ₽ 3	501 WEST 1. THE MED CT	501 WEST 14TH STREET THE MED CTR OF DEL WILMINGTON DE 19801			INVOICE NO. 3370313	INVOICE DATE 09/20/94	ATE PAG
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X=NOT STOCKED U=NEW ITEM-STOCK UNAVAILA

D=MFR DISC

W=WHSE OUT

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N=NET

A=ALLOWANCES

Confidential Pharmacy Information Form

Pharmacy Name:	The Medical Center of Delaware			
•	Wilmington Hospital Pharmacy			
Address:				
	501 West 14th Street			
	Wilmington, De. 19801			-
Phone Number:	302-428-2736			
Contact Person:	Gerald Bloch, Supervisor, Outpatien	t Oper	ations	
	Type of Pharmacy (Check Appropriate Block(s))			
Indep	endent Retail Pharmacy			
•	(four or more stores) Pharmacy			
OUIL	Nursing Home Pharmacy			
·	Hospital Outpatient Pharmacy	E		
	Home I.V. Pharmacy			
	Mail Order Pharmacy			
	County Public Health Unit Pharmacy			
	Public Health Entity	П		

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	13221	CUSTOMER NO.	55	1080		ž	W161710295	023770	023770	023770 023770	023770	W161710297	V161719297 V161719298	V161710298	963139	1161710299	053904	4161710300 4416171030	V161719300 V161719301	V161716283 V161716287	U161710302 U161710302	860060 865413		V161710303	023423	023423	023423	023423 023423	3466166
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DUPLICATE INVOICE

SOMERSET BRANCH 300 FRANKLIN SQUARE DR

SPECIAL INSTRUCTIONS:

IF PAYING BY INVOICE PLEASE REMIT TO: P.O. BOX 7780-3061

NJ SOMERSET

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MEDICAL CENTER OF DELAWARE PO BOX 2653 UNION ST STA WILMINGTON

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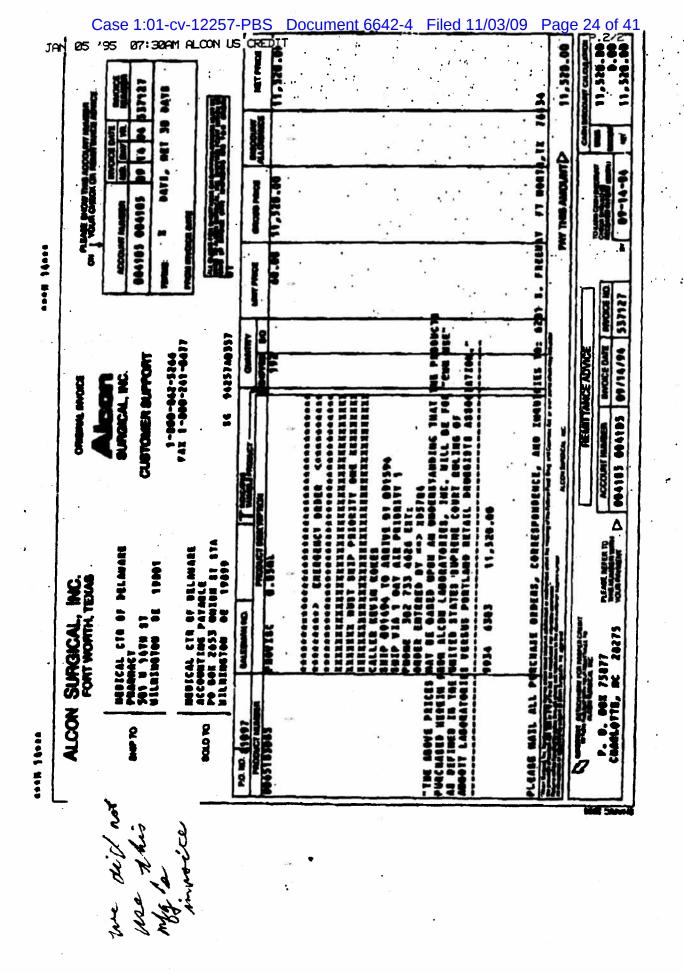
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WILMINGTON HOSPITAL 501 W. 14TH STREET WILMINGTON, DE 18801
Order Quantity Req#
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1071.65 Discount:

PHARMACY-WIL

Pharmacy Information Form

Confidential

Pharmacy Name: Address: SEAFORD 629- 6865 Phone Number: PRESTON FRALLIC Type of Pharmacy (Check Appropriate Block(s)) Independent Retail Pharmacy 区 Chain (four or more stores) Pharmacy Other: Nursing Home Pharmacy Hospital Outpatient Pharmacy Home I.V. Pharmacy Mail Order Pharmacy County Public Health Unit Pharmacy Public Health Entity



DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF SOCIAL SERVICES

TELEPHONE: (302)

577-4901

November 14, 1994

Edgehill Pharmacy 9 1401 Middleford Road Seaford, DE 19973

Dear Pharmacy Provider:

At the request of the Health Care Financing Administration (HCFA), Delaware Medicaid is participating with the Office of Inspector General (OIG) in conducting a nationwide review of drug acquisition costs of Medicaid pharmacy providers. Delaware is 1 of 11 states selected as part of the review.

Your pharmacy is 1 of 45 pharmacies randomly selected from Delaware to participate in this review. The sample selection reflects different categories of pharmacies including rural, urban, chain, independent and others.

In order to ensure the validity of this study, the OIG requires that you provide the following information:

- A copy of the largest invoice for February of 1994 from each source of supply. The largest invoice is
 defined as the invoice with the largest number of legend drug line items. Sources of supply include
 wholesalers, chain warehouse distribution centers, generic distributors, and direct manufacturer
 purchases.
- A copy of the billing statement for the corresponding invoice from each source of supply.
- A completed information form (enclosed).

Please be assured that the information you provide will be kept confidential and will be strictly used for the purposes of this review. As part of the OIG's quality assurance program, your information may be subject to an on-site review.

The completed information should be returned to the OIG in the enclosed pre-addressed stamped envelope no later than 15 days from the date of this letter. We appreciate your cooperation in this matter. Should you have any questions regarding our request, please contact William Shrigley or Paul Chesser of the OIG at 1-800-527-8323.

Sincerely,

Philip P. Soulé, Sr. Medicaid Director

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DB-RC-1	02/16/94	9	00781148501	ı	PREDHISON TAB 20MG GEN	100	100	3.62	
DB-RC-1	02/16/94	U	00781232501	e e	INDORNY CAP 25EG GEN	100	100	2.09	
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DB-RC-1	02/15/94	Ħ	00006001468	æ	VASOTEC TAB 2.5EG	100	100	55.53	
DB-RC-1	02/15/94	Ħ	000006071368	æ	VASOTEC TAB 10EG	100	100	14.08	
DB-RC-1	02/15/94	M	000006073161	æ	DEPOT ESVACOR TAB 20MG	09	0.9	55.63	
DB-RC-1	02/15/94	M	000006073261	Д	MEVACOR TAB 40MG U/U	~ 09	7 09	172.49	`
DB-RC-1	02/15/94	> 	000000010658	m	PRIMITYLL TAB 10MG UU	100 V	100 ¥	65.13 4	558.99
DB-RC-1	02107194	4 ct	00074622713 €	U	erywer ber tan soome and	100	1	12.85	
DB-RC-1	02/07/94		00074332313	А	TAB 2HG	100	100	96.81	
DB-RC-1	02/07/94	ບ	00014394604	Д	OGEN 1.25 MG	100	100	58.85	
DB-RC-1	02/01/94	υ	50679086600	æ	TOBREX 0.3% SOLE DT	SEL	L A	14.63	
DB-RC-1	02/01/94	υ	61/198628620	<u>д</u>	PROPINE C. CAP B. I. D.	10 M.L.	10	22.31	
DB-RC-1	02/01/94	υ	59772246101	<u>د</u> ک	MERSIA OF PARTIES CARA	1000	100	57.75	
DE-RC-1	02/01/94	υ	00003065560	æ,	TETRACY/SURY CAP 250RG APO 1E	1 IN .	1000	20.98	
DB-RC-1	02/01/94	ບ	00003076350	, A	TETRACY/SURY CAP 500EG APC	APO 5CE	200	19.90	
DB-RC-1	02/07/94	, U	00003010960	PR.	AMOX+TRIM CAP 500MG APO	2008	200	62.10	
DR BC	02/01/04		08290000810	•	BB #0410 100 KBB	881	+ 984	13.86	
1 3K BO	96/10/80	•	59100006200	•	-BB-40465 -1 /200 -#\$8-2	100	100	17.56	
DB-RC-1	02/01/94		00029607527	А	AUGEDITIE TAB 250EG	00	30	45.62	
DB-RC-1	02/01/94	U	00029608027	A	AUGRENTIN TAB 500 MG	20	30	63.60	
DB-RC-1	02/01/94	υ	00029609039	æ	AUGEBRITH 250 0/8	7 S.M.L.	2 2	20.82	
DB-RC-1	02/07/94	U	00029609022	æ	AUGRENTIN 250 0/8	SORL	150	40.79	
DB-RC-1	02/01/94	U	00029408438	æ	TIGAN SUPP 200MG	, , , ,	10	14.63	
DB-RC-1	02/01/94	U	00597008214	m	ATROVENT INKL ABRO CORPL	1463	14	23.08	
DB-RC-1	02/01/94	U Press	00524020801	M	B-MYCIN TAB 333MG	100	100	24.33	
DB-RC-1	1 02/01/94), o	004 56067 099	A	ABROBID-E INTALER	7 MDL		38.13	
DB-RC-1 W	02/07/94		00168022015 ¥	o	SULFACET SOL 10% FOUG	15EL V	15 🗸	1.15 ¥	
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TOTAL

PRICE

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DESCRIPTION

TYPE

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17 G M

100 500 5ML

BPOT SANTAC TAB 150MG

IABBTA TAB SEG

S/O MILSOAT

BHTOLIN INKALER REF

17 GE

RANSDERM-NITRO 0.4EG/NR

OPRESSOR TAB 100MG

SPOT VENTOLIN INKALER

140.84

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15GE

INORAL CREAK 24

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100ML

UPRAX O/S 100EG/SEL

BCLOR PUL 250MG BCLOR O/S 250MG

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1 50 XIL

ORABID PULYULE 400MG

ORABID O/S 200EG/SEL

BFILL TAB 250MG

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100KL

BPOT DURICRY CAP 500EG URICEF ORAL SUSP 500EG

OMOPRIL TAB 10EG

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DB-RC-1	02/01/94	υ	00002306102	æ	2
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DB-RC-1	3	U	00071036224	P	ä
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BURCHTIN CAP 300EG BURCHTIN CAP 400EG

ILABITIN KAP 100KG

CCUPRIL TAB 10MG

LOXIN 400MG TABS

BSOCEN TAB

100

ICOTROL TRANSD PATCH 15EG 14

ROCAM SR TAB 750MG YRIDIUM TAB 200MG

LUCOTROL 5 MG

95.40

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ILTIAS BR TAB 30RG MYL

ARDISER SR CAP 120EC

ARDIINE CD CAP 180EG ARDINE CD CAP 240EG

ARDITHE CD CAP 120EG

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DB-RC-17	02/07/964	نېد ن	0000692600664	æ	PROCARDIA CAP 10MG	100 +	100 t	27.70 £	
DB-RC-1	02/01/94	υ	00069265072	pa	PROCARDIA XL B/R TAB 30MG	300	300	285.15	
DB-RC-1	02/01/94	υ	00069266066	A	PROCARDIA XL B/R TAB 60MG	100	100	167.83	
DB-RC-1	02/07/94	ပ	00021440305	æ	COLYTH SOL FLAVORED 4-L1	4-LITER	•	13.73	
DB-RC-1	02/07/94	ပ	0007 5006037	A	AS EACORT INKALBR	20GE	30	35.19	
DB-RC-1	02/07/94	U	00075150543	A	MASACORT HASAL INVALBR	100X	10	31.94	-
DB-RC-1	02/01/94	U	00085035203	m	FULVICIN P/G TAB 330MG	100	100	81.43	
DE-RC-1	02/07/94	U	00085049603	m	PULVICIE U/F TAB SOOMG	60	09	53.45	
DB-RC-1	02/01/94	ပ	00085092401	д	LOTRISONE CRE	15GE	1.5	13.50	
DB-RC-1	02/07/94	U	00085331030	Д	HITRO-DUR SYS 0.2MG/KR	30	30	32.01	
DB-RC-1	02/01/94	υ	000085332030	æ	HITRO-DUR SYS 0.4MG/MR	30	30	38.00	
DB-RC-1	02/07/94	U	00085061402	Д	PROVENTIL INNALER	17 GE	17	18.70	
DE-RC-1	02/07/94	U	00085061403	Д	PROVENTIL INVALER REF	17 G X	77	17.24	
DB-RC-1	96/ 10/20	U	00085025902	A	VANCENASE A/Q NASAL SPR	25GM	15	26.29	
DB-RC-1	02/07/94	ັບ	00085064902	æ	VANCENASE POCKTEALER MASAL 1GM	J JGM	٢	24.35	
DB-RC-1	02/07/94	U	00078022605	æ	DYNACIRC CAP 2.5MG	100	100	43.18	
DE-RC-1	02/07/94	U	00078022705	Д	DYNACIRC CAP SEG	100	100	63.30	
DE-RC-1	02707794	Ü	00364251301	v	ATEMOL TAB 50 MG 8CKB	100	100	8.72	
DB-RC-1	02/07/94	U	00364046721	U	RETAYLPRED TAB 4EG UU SCKE 21	CB 21	27.	6.26	
DB-RC-1	02/01/94	υ	00108359030	æ	DYALIDE CAPS	1000	1000	299.36	
DE-RC-1	02/07/94	Ü	00029321120	P	PAXIL TAB 20MG	100	100	154.43	
DB-RC-1	02/07/94	ບ	00000045075	P	CAPOTER TAR 12.5EG	1000	1000	513.03	4 0)
DB-RC-1	02/07/94	U	00025138131	А	DAYPRO CAPLET 600EG	100	100	99.14	۲
DB-RC-1	02/01/94	ပ	18393027742	æ	HAPROSYM TAB 500EG	100	100	103.31	
DB-RC-1	02/01/94	ຍ	00033243542	m	TORADOL TAB 10MG	100	100	97.13	
DB-RC-1	02/01/94	U	00026851351	A	DEPOT CIPRO TAB 500KG	100	100	267.08	
DE-RC-1	02/07/94	υ	00056017270	æ	COURADIN TAB SEG	100	100	46.75	
DB-RC-1	02/07/94	U	00126000331	Д	LURIDE DROPS	3011	30	7.38	
DB-RC-1	02/07/94	U	00781109801	U	ANOXICIL CHW TAB 250MG GBM	100	100	17.74	
DE-RC-1	02/01/94	ບ	00781116405	v	HAPROXEM TAB 375EG SDV	200	\$00	275.00	
DB-RC-1	02/01/94	U	00781116505	U	NAPROXEM TAB 500EG 8DV	200	200	335.71	
DB-RC-1	02/01/94	ပ	00781149510	U	PREDETRON TAB SEG GEN	1000	1000	10.58	
DB-RC-1	02/07/94	ຍ	00781148501	æ	PREDMISON TAB 20MG GEN	100	100	4-16	
DE-RC-1	VA61 101 20	Ü	00781180701 V	U	TRAIOD TAB SOME GEN	100	100	6.28 ¥	6732.28 1
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P	DATE	THY.	MDC	B/q DESCRIPTION	-	grr	PRICE	TOT
DB-RC-1 7	02/21/94t	*	7 0008503810100 B	TMEO-DUR SPRIME CAP 125MG	100 +	7 001	7 20 00	
DB-RC-1	02/21/94	32	00087047402 G	LOR CK TAB	100		7 07 67	
DB-RC-1	02/21/94	72	00007400720 B	30016	100	001	12.63	
DE-RC-1	02/21/94	3 2	00259036448 B	STERAPRED TAB 10EG UU	6.0	0	13.21	
DB-RC-1	02/21/94	2	00072700005 B	DESQUAR-X WASH 10%	203	10	11.03	
DB-RC-1	02/21/94	*	00072690505 B	DESQUAR-X WASH 54	201	· ·	10.32	
DB-RC-1	02/21/94	*	00087076101 ¥ B	K-LYTH TAB 25RBQ ORANGE	30	02 98	22.45	
DE-RC-1	02/21/94	*	50458022010 OD B	NISORAL TAB 200MG	100	190 4	228-13	
DB-RC-1	02/21/94	*	00062154102 00 B	FLOXIN TAB 300MG	20		146.60	
DE-RC-1	02/21/94	*	00364727756 6	CARDEC-DE DROP SCHE	30 KL	•••	2.27	
DB-RC-1	02/21/94	=	00088105020		20GM		3.29	
DB-RC-1	02/21/94	*	00472162816 G	PROMETHAS VC SYRP PL B/M 1	16058		2.42	
DB-RC-1	02/21/94	*	00028010501 B	BRETHING TAB SMC	100	100	31.04	~ (#
DB-RC-1	02/21/94	*	50419041128 B	LEVLEH TAB	3X28	38	54 . 54 5	
DE-RC-1	02/21/94	2	00149042702 B	BHTEX PSE TAB	100	100 €	60.66	
DB-RC-1	02/21/94	3 2	504 58022130 B	HIRORAL CREAK 28 JAMS	3063	30	19, 13	
DB-RC-1	02/21/94	*	00065064705 B	TOBRADEX DROP 0.3/0.19	SKL	ĸ	17.17	
DE-RC-1	02/21/94	,	00173034409 B	SANTAC TAB 150MG	100	100	140.84	
DE-RC-1	02/21/94		00002317030 B	LORABID PULVULE 200EG	30	000	80.14	
DB-RC-1	02/21/94	7		ASACOL B/R TAB 400 MG	100	100	48.76	
DB-RC-1	02/21/94	,	00597008214 B	ATROVENT INHL ASRO COMPL	1461	7.	23.85	
DB-RC-1	02/21/94	,	00046087293 B	PREMARIN VAG CREE 0.625EG 1	1.50	1.5	25.87	
DB-RC-1	02/21/94	32	00085056701 B	BLOCOM CRE 0.18	15GK	12	12.41	
DB-RC-1	02/21/94	>	53014001210 B	MUMIBID L.A. TAB	100	100	34.65	
DB-RC-1	02/21/94	,	53014001710 B	DECOMBAL II TAB 600/60EG	100	100	38.70	
DB-RC-1	02/21/94	*	00781293701 G	CLINDAMY CAP 150MG GBM	100	100	55.39	
DB-RC-1	02/21/94	2	00071009625 B	COGMBX CAP 103G	120	120	96.99	
DB-RC-1	02/21/94	*	00054474225 G	PREDMISON TAB 2, SMG ROX	100	100 %	3.81	
DB-RC-1	02/21/94	*	00015561530 B	HALDECON PED DROP	3011	30	16.43	
DB-RC-1	02/21/94	*	00087058342 B	OVCOM-35 TAB	6x21	126 /	126.20	
DB-RC-1	02/21/94	*	00087771862 B	CEFELL SUSP 125EG	7 SIKE	154	16.62	
DB-RC-1	02/21/94	3		PROCAIM CAP 500MG 15M	1000	100	0 0 1	
DB-RC-1 :	02/21/94	3	00126045346 · B	PHOS-FLUR RINSE GRAPE	SOOKL	200 s	7.02	
DB-RC-1	02/21/94 g	> 	, 00032160278 B	DUPKALAC SYR 10GH	16 05	16	10.91	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 100 00	3	V		>	*	1	

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FIT B-12 EDY 1000ECG GL

RETROTE TAB 2.5EG

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RUG

DICYCLOR TAB 20RG

LOPROX CRE 18

15EL

3061

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CYCLOBBM: TAB 10MG

BRYTHE BTH O/S 400EG B/H 1601

PHOS-FLUR ORAL LIQ CHERY SOOML

PRED FORTE OPHTH SUSP 14

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COURADI	CORTISO	VANCERI	TOTAMO
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02/21/96t

DB-RC-17

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DB-RC-1

DB-RC-1 DB-RC-1

02/21/94 02/21/94 02/21/94 02/21/94

H TAB 7.5MG

CORTISONS TAB 25MG	VANCERIL INHALER	STADOL HS MASAL SPI	PRAVACNOL TAB 20MG	MASSICROW WESSIL SOI
U	æ	Д	A	ţX.

VANCERIL INKALER	STADOL HE MASAL S	PRAVACNOL TAB 20K	MASALCROM MASAL 8	RELAFEN TAB 500EG	AS EACORT INHALER
20	æ.	~	6	20	20

VANCERIL IN	STADOL HS HA	PRAVACKOL TA	HASALCROM MI	RELAPEN TAB	ASERCORT IN	HORVASC TAB	
20	6	Δ.	6	20	~		

BL SOL

DECO

00585067103	00029485120	7509003 5000	00069153066	00173038879	50474036422

02/21/94

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VERIFIED MATH, SIM, 8-17-45

			Act									i .
ENT	BIN	MEN	TRON NUMBER	DESCRIPTION	CAT	RED	(EUGAN SHIPVE))	MORD	THE COST	re. Par	FP	
991		ARR	6074622 713	ERYTHKO BASE 500 KG	16975_81_	G	1 :		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25 . 60	. 98	!!
986		- 48	9074332313	HYTRIN 2 NG 100	AL B	_	. 1	A	The C	113.25	, 37d)	
963			8674394604	DGEN 1.25 NG 100	_ai B		1.34	ey.	58.65	67,65	.00	1 -
884	•	ACN	099006 4385	TOBREX 0.3% SOLN DT			cell	3	14.63	17.25	.00	1 1
965		ALL	1190025020	PROPINE C CAP B. L.D.	iem ei B	19	411		22.31	26,31	.09	*. ;
306	. /	APO	59772246101	"NADOLDL 20 NG 180	_01	6/0	100		57,75	88.14	, ((()	* # <u>*</u> *
807			9663655569	SUNYCIN 250MS CAPS 1			, 1		20, 38	48,96	. 997	
90 8		APO 4	8883976358	SUMYCIN SOUMB CAPS S	iaa 4122	1	j		19,99	46.34	, દુધને	165
105		4	0003010960	TRINOX SOUNG CAPS 50					62, 18	190,31	. 20	· · ·
816		0	82900BA10	BD 88418 1CC NAS 188					17.56	21.47	.66	
811			829448 465	BD 48465 1/200 NAS 1		;	5 5		17.56	21.47	. 20	
815			99256875 27	AUGMENTIN 250 MG 30		4	4		45, 63	53, 80	, ति शे	· #
913			9429646427 9429546427	AUGNENTIN 500 NG 38			4		63.60	75 .0 0	. 100	
#14 *#1#***		DEE.	9929589939	AUGMENT IN SUS 250/5		3	. 3		83 .8 8	34.55	. 26	1.0
915 916			M25446438	TIBRN 200 HB SUPP 10		2	් ද		40,79	48, 16	. 86 .	
817		DIE	K19/1006214	ATROVENT INHALER 14	_		<u>2</u> 4		14,53 23, 6 9	17.45 × 0	, (%) oc	
818	··	7.74	1597000218 —	ATROVENT REFILE 14 C			*		2).32	26, 14 - 23, 52 -	, 26 	
019			524828861	E-MYCIN 333 NG 100	B		1	,	24.33	41.55	:86	
828				REROBIO-M INH W/MTHP		1	1		38.13	43.16	. PA	
621				SOD SULFACET 18% SOL		G	4		. 1.15	3 ,10 €)	.00	
829			21 1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	LOPRESSOR 100 NG 180	_u_19	4	ì	N.	53.56	72.67	. 24	
623			L 19 111 1 2 2 2	TRANSDERM-NITRO 18 (8.	-	1			41,73	47,78	v (94)	5.65
824			A Company of the comp	VENTOLIN INHOLER 17 8	-	5	5		18,69	21, 17	20	N.
625		GLA E	173032198	VENTOLIN REFULL 17 OF		Ą	*		17.23	19.55	.06	24
826		BLA	173034409	ZANTAC 150 NG 190	_el B	12	15		149,84	159, 40	180	
927		HOE, C		DIRBETA 5 NG 500	_01B	8	2		210.14	237.73	, üĉ	
828				LIVOSTIN 8.85% 3 K	D.J. 19	. 1	1		17, 17	13.44	.00	• !
629				NIZORAL CREAM 15 GM	-41 B	1	1		10.85	12.29	1966.	
838	2 -			NIZORAL SHOMPOO 128 H		9	?		13.41	15, 18	, P#	
831				SUPRAX 100/5 SUSP 100		چ 	3		46.99	57.57	, Pri	** .
932				CECLOR 250 MG CAP 180		F	ď		176.05	199.31	. 40	
033 034			3.1.1.1.1.1.1	CECLOR SUSP 250/5 150		1	,		45.74	50.76	. 69	
935		LIL		Lorabid Cap 400 Mg 30 Lorabid Susp 200/5 5) .7	1		100.17	113,48	.00	
83 6		MAN P		CEFTIL 250 NG TAB 1,00		-3 :	3		(M, 14	28.88	, 60 an	ul
83 7				DURICEF 500 MG CAF 10			1 4		231.43 290-73	868, 13 834, 87	, (10) Get	H
9 38				DURICEF SLASP SAMOS 10	CAL DIB	, L	de de		26.96	58.65	. 94) . 98	
639		HJN D		MONOPRIL 10 MB 100	ALB.	ì	i		68 . 31	20.67	.00	
840				CONDPRIL 20 NG 180	-11 B	1	1		66.69	75.84	.00	'
841				CARAFATE SUSP THPK 2X	140Z 81 B	Ë	ē	•	49. 29	55.60	, 92	
842 ···		MO M	66179538 (CARDIZEN CD 128 MB 30	_B B	4	ä		25, 19	34, 86	. 769	
843		MO IN	18817964 2 0	CARDIZEN CD 180 MG 98	_&!_ 1 3	t	\$			193,20	. 1945	÷ `
844		HHD",H	16 8179742 C	CARDIZEM CD 248 NA 5%	91 B	1	í			195, 48	. 🚻	
945		1990) "B(1681779 47 [CARDIZEM SR 128 MG 190		ا ہر	; .		97.20	114.63	, (A)	
846				ILTIAZEN 38MB 100		\mathcal{G}_{-1}	1		6.27	36.28	. (%)	in a support
947		UHE OF		jesogen 28 dpak 🗷 🍆	LILB 4	n 1994	KED BHH	(, p.16		113,35	. 143	
848 848			62154282 F	LOXIN 400 MS TRES 50	a _81 B	1	1			175.08	F40 .	
049 050		PHR M	71 9539 23 A	COUPRIL 19 MB 90		1	i		69, 15	78.99	, (iu)	•
750 ME4				ILANIIN 100 MG 100 BUNGANTA 202 MD 200 A	LOL B	13	1.7		15.96	18.67	. Ah	
85 1		PHINT ON	71 986 524 N	EURENTIN 300 NO CAP (160 Tr 97	1	į		79 . 58	90.98	. Pal	
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1144 92/97/94 EDGERALL DRUGS, INC PHE TRANSFERS TO STORE 89 EIGENDIL PHARMACY -- (XIANTITY -----RP/ ITEL MINEER DESCRIPTION CHI REO SHIPPED BRORD TRF DIST pup Eb ENT BIN PAR 9871989624 NEURONTIN 468 NG LAP 1844 -4- B 25.40 138.44 652 . 64 PAR 0071985406 -# B 机他 853 NICOTROL 15 MG 1415 52.09 , Chi -NB PAR 9871828524 76, 15 854 PROCEN SR 758 NG 180 66.21 41 3 PAR. 0071018124 PYRIDIUM 260 MB 100 61.86 92.67 . (4) 855 PF1 0662411073 BLUCUTROL 5 NO 580 132,59 > 156,44 156 -B1 F Œ 취임원회 837 PF1_9059250066 PROCARDIA 18 NG 188 -# B 47.78 56,25 . 00 858 × PFI 9969265972 PROCARDIA XL 30 MS 3M6 285, 15 335,44 . 644 PF I ⁰0065256066 AT B PROCARDIA XL 66 MS 166 167.83 198,88 839 . 176 COLYTE FLANDRED 4 LITER - 41 B RCC 8021446385 15.70 13, 73 . 20 268 AZNACORT 100 MC8 INH 205H 64 B RPK 9675006037 39,64 061 35, 19 .00 RPR 8975159543 NASACORT 55 MCG INH 10 GH-81 19 31.94 . 949 330 36, 16 FULVICIN P/B 338 NR 198 -- 41 B 663 81,43 92, 18 . 498 **906504**9683 FULVICIN U/F 500 MI 50 -H B 53,45 38.59 664 , Kit -81 B 865 LOTRISONE CRM 15 6M a ũ 13.50 15,29 . (4) 966 NITRO-DUR 0, 2MB/HR 30 32.81 36. 24 . 33 #5332030 NETRO-DUR & ANG/HR 38 ALE 35, 88 44. EE 967 2 30 MS461462 -ALB 868 PROMENTIL INHALER 17 SH 18.70 21.17 . 29 0065061403 AB Γ, 19.51 . 747 869 PROVENTIL REFILL 17 6M 17,24 SDY 0005025902 vancenase ao sphay 25 hi. al B 29, 36 879 . 49 3 25,29 VANCENASI: POCKETHALER 761-141-13 901,0005064902 3 24, 35 27.16. . **ທ**່າ 971 _81 B 972 478422685 DYNACIRC 2.5 NG 198 3 43.18 48, 96 .00 -OL B 873 507,0078022705 DYNACIRC 5 MG 188 , Ç. į 63. **3**8 71.10 G 874 SHN \$35A251391 ATENOLOL 50 Mi 100 -01 3 8.72 61,58 . W HU 4 975 SHN 8364846721 ę. F. 26. 9.70 .69 PREDNICONE 10 NG 180 976 riai 2364816181 Lei B 8108359939 977 DYAZIDE CAPS 100M 239.36 353,20 . 30, 9KF 9029321120 678 --₩ B PAXIL 28 NO TABS 186 ۲ ż 154.43 174,92 , ĝŵ 500 0003045075 DAPOTEN 12.5 NO 1600 **ai.** 9 979 Į 513.63 605.30 .00 COLON CO 249 NC DOOK LODIE! ATA) 20,00 523.07 10 B SRL" 9825136131 93.14 001 DAYPRO 600 MG 100 .-¥¥ 1 118.30 .00 SYN 1839327742 580 NAPROSYN 300 NS 100 -141 2 102,31 117,01 , the of B ä 683 SYN 0033243542 TORADOL ORAL 10 MG 100 97.13 116, 46 .00 413 B 884 TDH 0025851351 382.48 CIPRO 500MG 100°S ĉ i 267.98 . 20 985 TDH 9456817278 -41 B 2 ď COLMADIN 5 MB 190 46.73 52,98 . (0) Ţ eas. TOH 0125000331 LURIDE DROPS 30 ML 田安 7.38 5.71 . 60 887 MANUAL THE COLUMN 889 SEN 8781199801 ~ AMOXICILLIN 250MB CHI 104LD1 17.74 23.07 , 63 683 OCN-0701146601 AMITRIPPILINE SICHG (80 _1 BEN 0781115465 NAPROXEN 375 NG 508 275.43 413,58 G ì , 649 r BEN 8781116595 NAPROXEN 500 MS 300 -81 Ø **63**1 325.71 594, 933 i , ÿVA GEN 9781149518 ιφ. G 932 PREDNISONE 5 NG 1000 16.58 23.53 . 14.1 GEN 6781.148581 B HILL 893 PREDNISONE 20 NB 160 -01 3 4, 16, 9.36 .00 BEN 8751188791 TRAZDOONE SO NO 100 ----B 25, 92 894 5.28 .17 TOTAL FOR HED NO 00022179 12652.64 12,31445 2 / 1/4/10/25 1111111 DV

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RUGB INC OUNTING E AVENUE	1166930 EDGEHILL S 1401 MIDI	B DRUGS 1 YLEFORD	INC 49		PLEASE GENEVA F DENVE	PLEASE REMIT PAYMENT TO: GENEVA PHARIMACEUTICALS, INC. DEPT. # 135 DENVER, COLORADO 80291	ÖŽ	se 1:01
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5 176601 IMIPRAMINE BONG G	100 TB	0	79338	R	2.05	4.10	BRM	men
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Filed 11/03/09

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We hereby guarantee that no article herein is, as of the date of shipment or delivery, adulterated, or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or is an The terms set forth in this invoice, constitute the exclusive statement of our contract; provided, however, if such terms vary from the terms contained in Buyer's written purchase order, this invoice statement offer and shall be deemed a counter-offer and the replacement of non-contorming buyer's right to damages hereunder is limited to either the return of goods sold and the repayment of the price or any part thereof paid to Seller or to the replacement of non-conforming goods. These rights are in feu of and exclusive of any and all other rights provided by law including any for breach of WARRANTY OF MERCHANTABILITY AND FITNESS FOR PARTICULAR

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Please Detach and Return With

We hereby guarantee that no article herein is, as of the date of shipment or delivery, adulterated, or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or is an article which may not, under the provisions of Section 404 or 505 of the Act, be introduced into interstate commerce.

The terms set front in this invoice, constitute the exclusive statement of our contract, provided, however, if such terms vary from the terms contained in Buyer's written purchase order, this invoice. This contract may not be modified except in writing by Buyer unless it notifies Seller in writing of its objection thereto within ten (10) days after receipt of this invoice. This contract may not be modified except in writing signed by Seller.

Buyer's right to damages hereunder is limited to either the return of goods. The present of the repayment of the present of and exclusive of any and all other inglis provided by law including any for breach of WARRANTY OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PIREPROF. This contract exall he among the page of the pa

